

**Wavier of Electronic Filing Requirement - 2015 Annual Survey of Income and Expense**

NASSAU COUNTY DEPARTMENT OF ASSESSMENT  
240 OLD COUNTRY ROAD, 4TH FLOOR  
MINEOLA, NY 11501  
ATTN: ASIE COMPLIANCE

**ASIE 2015**  
HOTEL / MOTEL  
ANNUAL SURVEY OF  
INCOME AND EXPENSE

**SECTION A - PROPERTY IDENTIFICATION (MANDATORY)**

1	LIST ONLY PRIMARY SECTION, BLOCK, & LOT:			OFFICE USE ONLY
	SECTION <input type="text"/>	BLOCK <input type="text"/>	LOT <input type="text"/>	
PROPERTY ADDRESS				
2	STREET ADDRESS			CITY, STATE, ZIP
	Mailing Address Correction - Only if you wish to change address on letter.			
3	STREET ADDRESS			CITY, STATE, ZIP

**SECTION B - CONTACT INFORMATION**

4	Owner's Name	5	Organization
6	Contact's Name	7	Contact's Relation to Property
8	Contact's E-mail Address (Required)	9	Contact's Phone (Required)

**SECTION C - CONTIGUOUS LOTS**

YOU MAY CONSOLIDATE YOUR FILING BELOW FOR PROPERTIES THAT ARE PHYSICALLY CONTIGUOUS AND/OR ADJACENT ONLY. THESE MUST BE COMMONLY OWNED AND OPERATED. ANY FILING WHICH DOES NOT MEET THESE PARAMETERS WILL BE CONSIDERED NON-COMPLIANT.

	Section	Block	Lot	Parking Lot
10	Property #1			<input type="checkbox"/>
	Property #2			<input type="checkbox"/>
	Property #3			<input type="checkbox"/>
	Property #4			<input type="checkbox"/>
	Property #5			<input type="checkbox"/>

**SECTION D - PROPERTY DESCRIPTION AND USE**

11	HOTEL NAME:				
12	ROOM TYPE	NUMBER OF EACH	SINGLE RATE	DOUBLE RATE	BANQUET/CONFERENCE
					TOTAL SEATS
					TOTAL SQ. FT.
13	2014 OCCUPANCY		2014 AVERAGE DAILY RATE		2014 REVPAR
	2015 OCCUPANCY		2015 AVERAGE DAILY RATE		2015 REVPAR

NOTES:

--	--	--	--	--

REPORTING PERIOD AND ACCOUNTING BASIS		REPORTING YEAR FROM ____/____/____ TO ____/____/____	
SECTION E - DEPARTMENTAL INCOME			2015 INCOME (\$ PER YEAR)
14	ROOMS		\$
15	FOOD AND BEVERAGE		\$
16	TELEPHONE		\$
17	CONFERENCE AND EXHIBITS		\$
18	PARKING		\$
19	OTHER DEPARTMENT		\$
20	TOTAL DEPARTMENT INCOME	Add lines 14 thru 19	\$
SECTION F - RENTAL INCOME		NUMBER OF UNITS	NUMBER OF VACANT UNITS
21	OTHER RENTAL INCOME ALL SOURCES (DETAIL IN NOTES BELOW)		\$
SECTION G - DEPARTMENTAL EXPENSES			
22	ROOMS		\$
23	FOOD AND BEVERAGE		\$
24	TELEPHONE		\$
25	OTHER DEPARTMENT		\$
26	TOTAL DEPARTMENT EXPENSES	Add lines 22 thru 25	\$
SECTION H - UNDISTRIBUTED EXPENSES			
27	ADMINISTRATIVE & GENERAL		\$
28	MARKETING		\$
29	MANAGEMENT FEES		\$
30	FRANCHISE FEE		\$
31	ENERGY		\$
32	PROPERTY MAINTENANCE		\$
33	INSURANCE		\$
34	TOTAL UNDISTRIBUTED EXPENSES	Add lines 27 thru 33	\$
35	TOTAL HOTEL EXPENSES	Add lines 26 and 34	\$
NOTES:			
SECTION I - CERTIFICATION (MANDATORY)			
<input type="checkbox"/> I hereby certify that I am the owner or other person responsible for the payment of taxes, or the person authorized by the owner or taxpayer to make this statement. I certify that all information contained in the statement is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statement of material fact herein will subject me to the provisions of the penal law relevant to the making and filling of false instruments. I understand that the willful making of any false statement of material fact herein will also deem this filing untimely.			
Name of individual certifying this statement _____			
The individual certifying is: <input type="checkbox"/> The applicant <input type="checkbox"/> Authorized representative listed in Section B <input type="checkbox"/> Member or manager of applicant LLC <input type="checkbox"/> General partner of applicant			
<input type="checkbox"/> Officer of corporate applicant <input type="checkbox"/> Qualified fiduciary <input type="checkbox"/> Officer of condominium association <input type="checkbox"/> Officer of applicant's corporate member or partner			
(name of corporation: _____)			
SIGNATURE		PRINT NAME	DATE